UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: 2 Serial/Patent #							
3 Please refund the following fee(s):		4 PAF	ER BER	5	DATE FILED	6 AMOUNT	
Filing						\$	
Amendment						\$	
Extension of Time						\$	
Notice of Appeal/Appeal						\$	
Petition						\$	
Issue						\$	
Cert of Correction/Termina	l Disc.					\$	
Maintenance			-TED:			\$	
Assignment	-018	COMP	DIVISI	0M		\$	
Other Claims	HEFUN PCT N	ATIONA				\$ 380	
		7 TOTAL AMOUNT OF REFUND				\$	
		8 TO BE REFUNDED BY:					
10 REASON:		Treasury Check					
Overpayment		Credit Deposit A/C #:					
Duplicate Payment			9 3	1) 0	8 15	
No Fee Due (Explanation):							
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: T.			TITLE: July				
SIGNATURE:			PHONE:				
OFFICE:							
THIS SPACE RESERVED FOR FINANCE USE ONLY: REFUND COMPLETED							
APPROVED: REFUND COMPLETED DATE: PCT NATIONAL DIVISION							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B